Practice Guide for Caseworkers

Mentoring

MITEAM COMPETENCY

Mentoring is a developmental partnership through which one person shares knowledge, skills, information and perspective to foster and empower the personal and professional growth of another person. This may mean, for example, a caseworker mentoring a parent, a supervisor mentoring a caseworker or a peer coach mentoring a supervisor. Teaming and mentoring must work hand in hand to create the kind of opportunity for collaboration, goal achievement and problem solving on multiple levels within the system. Mentoring is the ability to empower others. It is vital to demonstrate and reinforce desired skills to promote positive outcomes and growth for children, families and professionals.

Observation:

- Treats individual(s) with respect.
- Treats individual(s) with empathy.
- Uses verbal responses that are consistent with body language.
- Acknowledges his/her authority and the disproportionate amount of power in the relationship.
- Addresses reasons for reluctance to including specific team members.
- Evaluates strengths.
- Evaluates needs.
- Asks the individual(s) about events experienced by primary/key family members that are
 potentially traumatic.
- Request(s) individual(s) input regarding the effectiveness of services.
- Asks the individual(s) how s/he can be of assistance to the family.
- Assists the family with navigating agency systems and processes.
- Discusses with the family the success of the child(ren)/youth beyond case closure.
- Provides trauma education to the individual(s).
- Provides feedback to the individual(s).
- Asks for feedback from the individual(s).

Interview:

- The individual(s) feels understood by the worker.
- The individual(s) feels respected by the worker.
- The individual(s) reports the worker acknowledged the unique culture of the family/household.
- The individual(s) reports the worker provided education on how early traumatic experiences may impact parenting.
- The individual(s) reports the worker addressed potential impact of trauma to the child.
- The individual(s) reports the worker provided education on child safety.

In Supervision:

- The worker participated in monthly supervision meeting(s) with the supervisor.
- The worker was able to identify:
 - o How they managed their frame of reference.
 - o How he/she educated parents on the potential impact of trauma.
 - o How he/she educated team members on the potential impact of trauma.
 - How the parent participates in the process of change.
 - What progress has been made so the family's team is taking ownership of the case planning process and fully participating in the shared decision-making.
 - How s/he educates the family about the importance of teaming.

FIDELITY MEASURES

| | How committed the family's team is to the family's plan. The worker identifies own team members that support their professional development. The worker exchanges feedback with the supervisor. | |
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| POLICY REQUIREMENTS | Be knowledgeable and seek information so that you can share information with families. Develop and enhance communication skills to deliver messages that are tailored to meet individual family's needs. Provide effective feedback and hold others accountable. Utilize strength-based and solution-focused communication. Demonstrate honesty, genuineness and integrity. | |
| HOW TO USE YOUR SUPERVISOR | Schedule, prepare and actively participate in regular case conferences with your supervisor to discuss: • Ways to mentor families to enhance their strengths and meet needs. • Specific barriers and/or resistance on the part of families to engage in a mentoring relationship and strategies to overcome obstacles to the mentoring process. | |
| KEY | WHERE IN | PRACTICE GUIDANCE |
| CASEWORKER ACTIVITIES | THE LIFE OF THE CASE | TECHNIQUES |
| KCA 27 MENTORING Promote growth through coaching. | From the initial contact to permanency or case closure. | Engage parents in purposeful conversation regarding the dynamics of maltreatment within the family and what strategies and resources are needed to permanently change dynamics to address past trauma and ensure child safety and well-being. Coach to ensure families have needed information and are prepared to care for their own children. See DPG coaching ensure families info. Coach the child's parents and caregivers on child behavior management methods utilizing a trauma-informed, brain-based approach to understand child development and behaviors. Questions may include: What do you do when a child brings home a poor grade? How do you manage homework time? What do you do when children are fighting with each other? What possible interventions can you use to eliminate disrespectful behavior with positive behavior reinforcement? Discuss with parents how aggression is often a self-protective mechanism based on a fight response that was potentially triggered by past trauma. Ask the parents to tell you what areas of child behavior management they would like you to coach them on. Observe parents and current caregivers in their efforts to correct the behavior of their children and provide feedback on how to improve results- Provide the parent and child's current caregivers with information needed to navigate the child welfare system. Model to help improve skills of parents and current caregivers. See DPG modeling to improve skills. Model appropriate, respectful ways to communicate with children, parents and current caregivers. Demonstrate effective ways to discipline and re-direct children when their behavior warrants. Validate specific strengths related to day-to-day caretaking, keeping routines, and providing nurturance and support. <li< td=""></li<> |

| KCA 28 MENTORING Create a learning environment through observation and feedback. | Initial contact to case closure. | Model infant feeding and soothing methods. Discuss with the parents and caregivers how trauma can compromise normal child development leading to possible learning, emotional and behavioral problems. Help them understand this is a possible result of complex trauma and not willful on the part of the child. Discuss with the parent and caregivers how they talk to their teenager about choices and consequences. What are some of their behavior management strategies that can be utilized for breaking curfews, skipping school, talking back or not following rules? Provide and receive feedback. See <u>DPG providing receiving feedback</u>. Observe parental behavior that the family has identified as needing improvement and provide specific, concrete, useful, and timely feedback on performance and advice on how to improve. Provide written and verbal feedback to parents in real time to support immediate learning and change. Discuss with the parent their plans for incorporating feedback/advice into their daily lives/behaviors and how they see it supporting their family's goals. |
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| KCA 29 MENTORING Support change through building honest and genuine relationships. | From the initial contact to permanency or case closure. | Build genuine and honest relationships with parents and children to empower and guide (see DPG build honest genuine relationships). Communicate empathy. Acknowledge the feelings and experiences of children, parents and caregivers as natural and human. Interact in a non-judgmental manner. Be self-aware and regulate own emotions. Be genuine. Engage the child, parent and caregivers with enthusiasm. Be aware of and respond to the verbal and non-verbal communication of children, parents and caregivers. Follow through. Do what you say you are going to do. If you schedule a visit, honor that visitation time. If you promised transportation, be there to transport. If you advised the family you would check on possible resources, make sure you follow up with the child, parents and caregivers. Recognize the expertise of the family. Demonstrate a belief that parents have the deepest insights into what works and what doesn't and the department strives to learn from their experiences. Show confidence and trust that the children and parents have the capacity to change. |